

**RESTRICTED**

ENDING 2400 9 (DAY)

Jul

194 4  
(YEAR)

STATION Deville 3/4 MI SW, T 4380 Isigny

ORGANIZATION Co E

134 Inf Regt

**Inf**

100. DITE. ETC.

(PARENT UNIT)

4. 請向該地 心電 監護中心

**SERIAL NUMBER**

NAME \_\_\_\_\_

**GRADE**

CODE

**No Change**

## RECORD OF EVENTS

Every shelled positions with mortar shell

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		3		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			184			184
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			184			184

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
			DATE	
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		
		BREAKFAST 190 DINNER 190 SUPPER 190	TOTAL 570	AVERAGE 190
	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	
		MEN ATCHD TO OTHER ORGN FOR RATIONS	O & OTHERS MESSED 6	TOTAL
		MEN PRESENT : 184 LESS	NET 184 PLUS 6	190

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL  
COUNT AS REPORTED TO ME.

**SIGNATURE**

**RAYMOND J. ANDERSON**

CAPT

**INDEX**

(GRADE) (ARM OR SERVICE)

W.D. A.C. FORM NO. 1

1048

WD COPY THRU MRJ GR SCU